

Infection Control Policy and Procedure

Purpose: To provide a comprehensive infection control system that maximizes protection against communicable diseases for all members/employees and for the public that they serve.

Scope: This policy applies to all members, career and volunteer, providing fire, rescue or Emergency Medical Services.

This department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response, including in station operations. The health and welfare of each member is a joint concern of the member, the chain of command and the department. Although each member is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all members with the best available protection from occupationally acquired communicable disease.

It is the policy of this department to:

- Provide fire, rescue and Emergency Medical Services to the public without regard to known or suspected diagnosis of communicable disease in any patient.
- Regard all patient contacts as potentially infectious. Universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material (body substance isolation).
- Provide all members with the necessary training, immunizations and personal protective equipment (PPE) needed for protection from communicable diseases.
- Recognize the need for work restrictions based on infection control concerns.
- Encourage participation in member assistance and critical incident stress debriefing (CISD) programs.
- Prohibit discrimination of any member for health reasons, including infection or seroconversion, or both with HIV<HBV, or HCV virus.
- Regard all medical information as strictly confidential. No member health information will be released without the signed written consent of the member.

NFPA 1581

The NFPA 1581, Standard on Fire Department Infection Control Program (2000), addresses the provision of minimum requirements for infection control practices within a fire department. The purpose of the standard is "to provide minimum criteria for infection control in the fire station, in the fire apparatus and during procedures at an incident scene, and at any other area where fire department members are involved in routine or emergency operations."(1- 2.1)

The fire department infection control program must have a written policy statement. Such a policy statement should clearly define the department's mission in limiting the exposure of members to infectious diseases during the performance of their assigned duties and while in the fire station living environment. Examples of generic policy statements are found in the appendix of NFPA 1581.

Training and education of fire service and emergency personnel is an important component of any fire department infection control program. "The training program shall include proper use of personal protective equipment, standard operating procedures for safe work practices in infection control, proper methods of disposal of contaminated articles and medical waste, cleaning and decontamination, exposure management, and medical follow-up."(2-3.2) In addition, the "education program shall provide information on epidemiology, modes of transmission, and prevention of diseases."(2-3.3) Fire fighters and emergency responders should be educated on the diseases that have the potential for occupational exposure. These diseases are discussed in the beginning of this manual.

The infection control program should have an experienced individual within the department designated as the infection control officer. The officer has the responsibility to maintain communication between the fire department and all community health care professionals. The infection control officer also has the responsibility to examine compliance procedures and engineering controls, investigate exposure incidents, notify members of exposure, properly document the exposure, and ensure medical follow-up is received by the individual following an exposure.

Exposure to a infectious or contagious disease requires prompt action, particularly if the individual does not have adequate immunity to the disease. The standard requires that the fire department have established procedures for reporting an exposure incident and provides instructions for the treatment of an exposure. The exposed area should be washed immediately, reported to the infection control officer within 2 hours of the exposure incident, and treated by the fire department physician as soon as practical, but at least within 24 hours. All exposures of an individual to an infectious or contagious disease, while on or off the job, should become a part of that person's confidential health file. In addition, the information from the duty related exposure should be made anonymous and added to the department's health database.

The standard outlines the recommended facilities for infection control within the department. These recommendations also comply with CDC and OSHA regulations. The fire department should be equipped with facilities for disinfection, cleaning, and storage. The appendix of NFPA 1581 provides recommendations for fire department apparatus and for the building of new fire stations. Consideration of infection control measures should be applied to bathrooms, kitchens, sleeping areas, laundry facilities, equipment storage areas, cleaning areas, disinfection facilities, and disposal areas.

The standard details the protection of the fire fighter and other emergency responders while performing emergency medical operations. Personnel physical condition, protective clothing and

equipment, and operational techniques are provided minimum standards for infection control.

The infection control program outlined within the standard also addresses skin washing practices, disinfectant handling and use, cleaning of contaminated emergency medical equipment, disposal of infectious materials, and the laundering of linens. As an important factor in infection control, the standard addresses hand washing with, "Hands shall be washed as follows: (1) After each emergency medical incident; (2) Immediately or as soon as possible after removal of gloves or other personal protective equipment; (3) After cleaning and disinfecting emergency medical equipment; (4) After cleaning personal protective equipment; (5) After any cleaning function; (6) After using the bathroom; (7) Before and after handling food or cooking and food utensils."(6-1.1) As another important factor in infection control, cleaning and disinfection of equipment and clothing should be performed in the proper area and on a regular basis and/or immediately following an exposure incident. Under no circumstances should contaminated equipment or clothing be taken home for cleaning.

What is an infection control officer?

Each department must assign an infection control officer who is responsible for maintaining a liaison with the fire department physician, the health and safety officer, the infection control representative at Healthcare facilities and other healthcare regulatory agencies.

When notified of an exposure incident, the infection control officer should ensure that notification, verification, treatment and medical follow-up occur. In addition, the infection control officer should ensure that the appropriate exposure report forms are completed.

Who is your infection control Officer?

The department infection control officer is **Melody Kachel**. She can be reached at **484-219-5382** day or night. This should occur within two (2) hours of any suspected exposure.

How should exposures be reported?

Your fire department must have standard procedures for the reporting and managing of exposures. It is critical that you document any suspected exposure immediately.

Each member of your fire department should know the name and contact information for your departments' infection control officer and designated officer.

NFPA 1581 requires that each fire department have an established procedure for notifying the infection control officer within two hours of the exposure incident. The medical facility must notify the designated officer, in writing, within 48 hours of receiving a request as to whether there was

an exposure.

Your department should have an official exposure reporting form that includes at least the following:

- Name, date, time and location of incident.
- Identification of possible pathogen involved in exposure.
- Description of the tasks being performed when the exposure incident occurred.
- Source of transmission.
- Portal of entry.
- Personal protective equipment used.
- Disposition of medical management (diagnosis and intervention).

How should exposures be documented?

Exposures should be documented and recorded in the fire fighters' confidential medical record. Once again, **the importance of maintaining confidentiality cannot be overemphasized.**

Relevant information for the member's medical record include the following:

- Date and time of exposure.
- Job duty being performed by the fire fighter at time of exposure.
- Details of exposure, including amount of fluid or material, type of fluid or material and severity of exposure (e.g., for a percutaneous exposure, depth of injury and whether the fluid was injected; for a skin or mucous membrane exposure, the extent and duration of contact and the condition of the skin such as chapped, abraded or intact).
- Description of source of exposure, including, if known, whether the source material contained HBV, HCV, HIV or other infectious diseases.
- Details about counseling, post-exposure management and follow-up.

What are the privacy issues?

Careful attention must be paid to the means by which employers seek to create an infection free workplace. Principles of public safety and efficient performance must be balanced against individuals' reasonable expectations of privacy. In particular, the confidentiality of any employee medical records produced from department-required testing should be treated the same as with any other medical record. Legal rights of individual employees should not be sacrificed as employers haphazardly rush to implement a testing program.

An important consideration to proper medical testing is confidentiality, something that is mandated by OSHA regulations. It is difficult to overemphasize the crucial importance of maintaining confidentiality. If fire fighters do not believe the records are confidential, then the records will be inaccurate and/or incomplete, and much less useful. The confidentiality issue also gives rise to the following:

- Who will own the records?
- Who is authorized to see them?
- Where and how will they be stored?
- If computerized, are they really secure?

Confidentiality also has legal implications, since failure to maintain confidentiality can result in a lawsuit. Apart from the physical security of records, it is important to consider just how much information is needed for personnel functions. Fire department management needs to know only whether or not a fire fighter can do his/her job, or if not what specific restrictions apply. Specific medical diagnosis must not be revealed to management. If medical surveillance is to be meaningful, records must be as complete as possible. Only with confidentiality of records is this possible.

If you suspect exposure take the following steps:

1. Stay calm.
2. Seek medical attention as quickly as possible after potential exposure.
3. Contact your designated infection control officer as soon as possible (preferably within 2 hours).
4. Fill out the accompanying experiment infectious exposure form.
5. Forward infectious exposure form and any other relevant documentation (i.e. physician instructions, invoices, bills, etc.) to the infection control officer.
6. Follow-up. Follow-up. Follow-up